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Bib Data Sheet

CONFIRMATION NO. 5270

SERIAL NUMBER 10/711,271	FILING OR 371(c) DATE 09/07/2004 RULE	CLASS 705	GROUP ART UNIT 3687	ATTORNEY DOCKET NO. BUR920040129US1
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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/15/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	VT	13	20	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

24241

**TITLE**

TOTAL INVENTORY MANAGEMENT

FILING FEE RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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